



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

#7/RCE
4/3/03
VS

Application No.: 10/056,154 Confirmation No.: 2279
First-named Inventor: Fortin, Vincent Filing Date: 23 January 2002
Group Art Unit: 2823 Examiner: Lee, Hsien Ming
Attorney Docket No.: M-12524 US
Title: Cobalt Silicide Fabrication Methods That Use Protective Titanium Layers
Assignee(s): Mosel Vitelic, Inc.

Mountain View, California
4 March 2003

BOX RCE
COMMISSIONER FOR PATENTS
Washington, D. C. 20231

03/12/2003 BNGUYEN1 00000089 10056154

01 FC:1801
02 FC:1202

750.00 OP
72.00 OP

**REQUEST FOR CONTINUED EXAMINATION
UNDER 37 CFR 1.114**

Sir:

This is a Request for Continued Examination ("RCE") of the above patent application under 37 CFR 1.114.

Please enter or/and consider each following document which is enclosed or was previously submitted: amendment submitted herewith, including annotated specification pages.

The RCE fee required under 37 CFR 1.17(e) is authorized in an accompanying transmittal letter.

Please telephone attorney for applicant(s) at 650-964-9767 if there are any questions.

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Certificate of Mailing or Facsimile Transmission

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7 March 2003

Ronald J. Meetin
Attorney for Applicant(s)

7 March 03
Date of Signature

Respectfully submitted,

Ronald J. Meetin

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4 March 2003

RC 7/2806
\$

Commissioner for Patents
Washington, D.C. 20231

Re: Application No.: 10/056,154 Confirmation No.: 2279
First Inventor: Fortin, Vincent Filing Date: 23 January 2002
Group Art Unit: 2823 Examiner: Lee, Hsien Ming
Atty. Docket No.: M-12524 US
Title: Cobalt Silicide Fabrication Methods That Use Protective Titanium Layers
Assignee(s): Mosel Vitelic, Inc.

Sir:

Transmitted herewith are the following documents for the above patent application:

- (1) Return Receipt Postcard
- (2) This Transmittal Letter (1 pg. in duplicate)
- (3) Request for Continued Examination (1 pg.)
- (4) Amendment (12 pgs.)
- (5) Annotated Specification Paragraphs (1 pg.)

☒ The fee has been calculated as shown below:

CLAIMS AS AMENDED

03
FEB 28 2010

Claims Remaining <u>After Amendment</u>		Highest No. Previously <u>Paid For</u>		Present <u>Extra</u>		<u>Rate</u>		<u>Additional Fee</u>
Total Claims	24	Minus	20	=	4	x \$18.00	\$	72.00
Independent Claims	2	Minus	3	=	0	x \$84.00	\$	0.00
<input type="checkbox"/>	Fee of \$280 for the first filing of one or more multiple dependent claims						\$	
<input type="checkbox"/>	Fee for Request for Extension of Time (____ month(s))						\$	
<input checked="" type="checkbox"/>	Fee for Request for Continued Examination						\$	750.00
<u>Total additional fee for this Amendment:</u>							\$	
<input type="checkbox"/>	Please charge Deposit Account No. _____ in the amount of						\$	
<input type="checkbox"/>	Conditional Petition for Extension of Time: If an extension of time is required, the Commissioner is authorized to deduct the necessary fee from Deposit Account No. _____.							
<input type="checkbox"/>	Also, charge any additional fees required and credit any overpayment to Deposit Account No. _____.							
<input checked="" type="checkbox"/>	Enclosed is check in the amount of						\$	822.00

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